

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form S	90-T	E	xempt Or						ax R	eturr	<b>1</b>	OMB No 1545-0687
	ent of the Treasury Revenue Service	For c	alendar year 2011 or othe		proxy tax un				TIN 30	). 20	112	Open to Public Inspection for 501(c)(3) Organizations Only
A [	Check box if address changed		Name of organizatio						011 50	, 20	DEmpl (Emp	oyer identification number loyees' trust, see
B Exer	npt under section	Print	ADVOCATES	FOR	VICTIMS	OF	VIOLEN	CE. I	NC.			2-0083034
	601(c)(3)	or	Number, street, and					<del>, -</del>			E Unrel	ated business activity codes
4	08(e) 220(e)	Туре	P. O. BOX			•					(See :	nstructions)
4	08A530(a)		City or town, state, a	nd ZIP co	de						1	
	29(a)		VALDEZ, A		9686						713	200
	value of all assets d of year		exemption number (			<u> </u>						
	-	<b>G</b> Check	corganization type	X	501(c) corporati	ion L	501(c) tri	ıst	401	(a) trust	Ł	Other trust
	596,939.	n'o primi	ary unrelated busines	0.001111111	CAMES	OF C	HANCEC	_ DITLT.	TABS	· · · · ·		
			oration a subsidiary i		-				IADS	,	Ye	es X No
			ifying number of the			ciii-subs	idiai y controli	ես ցլսսբ․			16	5 <u>21</u> NU
			ROWENA PAL		poration			Teleph	one numbe	er <b>&gt;</b> 9	07-	835-2980
Part			de or Business		e		(A) Inc			Expense		(C) Net
1a Gr	oss receipts or sale	es	299,50	8.								· · · · · · · · · · · · · · · · · · ·
<b>b</b> Le	ess returns and allo	wances		c 8	Balance <b>&gt;</b>	1c		,508.				
	ost of goods sold (S		•			2		,687.				
	oss profit. Subtrac					3	30	,821.				30,821.
	ipital gain net incor	•	•			4a						
		•	art II, line 17) (attach	Form 4/9	/)	4b	· · · · · · · · · · · · · · · · · · ·					
	ipital loss deduction		its ips and S corporation	e (attach i	rtatomont)	4c 5						
	ent income (Schedi		ips and 5 corporation	s (allacii s	statement)	6						
	related debt-financ	•	ne (Schedule E)			7					_	
			nd rents from contro	led organi	zations (Sch. F)	8						
,			on 501(c)(7), (9), or (	_	•							
(S	chedule G)					9						
	ploited exempt acti					10						
	dvertising income (		•									
	•		s; attach schedule.)_	956	EIVED	12	2.0	001				20 001
13 To	otal. Combine lines		ot Taken Elsey			18		,821.				30,821.
<u> </u>	(Except for	contribu	itions, deductions	must be	directly connect	ep@ith	the unrelate	d busines:	s income	)		
14 C	Compensation of of	ficers, dir	rectors, and trustees	Schedule	K) 8 2013	101				•	14	
	Salaries and wages		1'-1								15	
<b>16</b> R	Repairs and mainter	nance		OG	DEN, UT						16	
	lad debts			00							17	
	nterest (attach sche	edule)									18	
	axes and licenses	(0									19	2,739.
	naritable contributi Depreciation (attach		e instructions for limit	ation rules	5)		ı	21			20	
			ooz) i Schedule A and else	where on	return			21 22a			22b	
	epletion	amica oi	ochedule A and else	WIICIC OII	Cluiti		l	220			23	
	Contributions to def	erred cor	mpensation plans								24	
	mployee benefit pr										25	
<b>26</b> E	xcess exempt expe	nses (Sc	chedule I)								26	
	xcess readership c	-	•					_		_	27	
	Other deductions (at		•				SEE	STAT	EMENT	1	28_	28,082.
	otal deductions		=								29	30,821.
			ncome before net ope	-		act line 29	from line 13				30	0.
	, ,		limited to the amou ncome before specific		•	from line	30				31 32	0.
			/\$1,000, but see inst			HUIH HITE	JU				33	1,000.
			i <b>ble income.</b> Subtra			e 33 is or	eater than line	32. enter t	he smaller			1,000.
	f zero or line 32					·- y·			omanor		34	0.
123701 02-24-12	LHA For Par	erwork	Reduction Act Notice	, see inst	ructions.							Form <b>990-T</b> (2011)

Form 990-T1	ADVOCATES FOR VICTIMS OF VIOLENCE, INC. 92-008	3034	Page 2
Part III	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
(	Controlled group members (sections 1561 and 1563) check here   See instructions and:		
a [	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order);		
(	1)  \$  (2)  \$   (3)  \$		
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)	1 1	
	2) Additional 3% tax (not more than \$100,000)	1	
	ncome tax on the amount on line 34	35c	0.
	Frusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	<del></del>	
	Tax rate schedule or Schedule D (Form 1041)	36	
27 1			
	Proxy tax See instructions Alternative minimum tax	37	
	38		
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39_	0.
	Tax and Payments		<u> </u>
40a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	] ]	
<b>b</b> (	Other credits (see instructions)		
c (	General business credit. Attach Form 3800	]	
<b>d</b> (	Credit for prior year minimum tax (attach Form 8801 or 8827)	]	
e 1	Total credits Add lines 40a through 40d	40e	
41 5	Subtract line 40e from line 39	41	0.
42 (	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	
	Fotal tax. Add lines 41 and 42	43	0.
	Payments: A 2010 overpayment credited to 2011	<del>                                     </del>	
	2011 estimated tax payments	1	
		<del>}</del> }	
	ax deposited with Form 8868	-	
	oreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)	4	
	Credit for small employer health insurance premiums (Attach Form 8941)		
g (	Other credits and payments: Form 2439	1 1	
L	Form 4136 Other Total ▶ 44g	]	
45	Total payments. Add lines 44a through 44g	45	_
<b>46</b> E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄	46	
47	Fax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 (	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 E	inter the amount of line 48 you want: Credited to 2012 estimated tax	49	
Part V	Statements Regarding Certain Activities and Other Information (see instructions)	•	-
	y time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	count	Yes No
	, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank a		100
	cial Accounts. If YES, enter the name of the foreign country here		x
2 During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  see instructions for other forms the organization may have to file		$\frac{1}{x}$
	the amount of tax-exempt interest received or accrued during the tax year >\$		<del>-   **</del>
	Ile A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		<u> </u>
			0.
	and the second of the second o	6	
2 Purch		_  ,	-0 607
-	of labor from line 5. Enter here and in Part I, line 2	7 26	<u>8,687.</u>
	ional section 263A costs  4a  B Do the rules of section 263A (with respect to		Yes No
<b>b</b> Other	costs (attach schedule) 4b 241,847. property produced or acquired for resale) apply to		ľ
5 Total	Add lines 1 through 4b 5 268, 687. the organization?		<u> </u>
<b>V</b>	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge and belief, it	s true,
Sign		ay the IRS discuss th	us return with
Here		e preparer shown be	
	Signature of officer Date Title	structions)? X	'es 🔲 No
	Print/Type preparer's name Preparer's signature Date Check in	f PTIN	
<b>.</b>	self- employed		
Paid	KEY E GETTY CPA KEY E GETTY CPA N3/20/13	P00121	1200
Prepar	Funda same & MIKIMDA COMPRETE S. CO. CDA C.	92-008	
Use O	3601 C STREET, SUITE 600	72 -000	,,,,,
		907-278-	0070
	Phone no.		00 T (0011)

Form 990-T (2011) ADVOCA	TES F	OR VICT	rims (	OF V	/IOLENC	E. I	NC.	_	92-00	830	)3 <b>4</b> Page	
Schedule C - Rent Inc												
Description of property	-					•	-					
(1)		<u> </u>			<del></del>						<del></del>	
(2)		<del></del>									* .	
(3)									.,.			
(4)									<del>-</del>			
	2	. Rent received	or accrued		_				<del></del>			
(a) From personal property ( rent for personal propert 10% but not more t	y is more thai	age of	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)												
(2)												
(3)												
(4)												
Total		0 · T	otal			-		0.				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,			•					( <u>t</u>	) Total deductions nter here and on page art I, line 6, column (B)		0.	
Schedule E - Unrelated	Debt-	Financed I	ncome	(see in	structions)	-						
			•	Ì	2. Gross in	come from		3	Deductions directly to debt-fir			
1. Description o	f debt-financ	ed property			or allocable to debt- financed property			(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)										T		
(2)											** -	
(3)												
(4)										_		
Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)	n red	Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Column 4 divided by column 5			7 Gross income reportable (column 2 x column 6)			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			_	-			%			$\dashv$	<del></del>	
(2)	_						%			$\overline{}$		
(3)			_	+	·	-	<del>%</del>			-+		
(4)		· -		$\rightarrow$			<del>%</del>			-+		
(4)				I			78		here and on page 1, I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals										0.	0.	
Total dividends-received deduc	tions includ	led in column 8								ightharpoonup	0.	
Schedule F - Interest, A	Annuitie	s, Royaltie	es, and	Rent	s From C	ontrol	ed C	) Organi:	zations (see II	nstruc	tions)	
		Ţ			Controlled O				, ,			
1 Name of controlled organization		2. Employer (dentif number		3. Net unrelated (loss) (see instri		4. d income Total of spe				trolling	connected with income	
_(1)	<del></del>				-				-		-	
(2)									<del> </del>			
(3)			<del></del>			<del>                                     </del>			<del> </del>		-	
(4)		<b></b>				-			<del> </del>			
Nonexempt Controlled Organii	zations					<u> </u>			1		<u>.                                    </u>	
7 Taxable Income	8. Netu	inrelated income (lo see instructions)			al of specified payments made			the control			Deductions directly connected with income in column 10	
							<u> </u>			<u> </u>	<del> </del>	
(1)							<u> </u>			<u> </u>		
(2)			<del></del>							<u> </u>		
_(3)									<u> </u>	L		

line 8, column (A) line 8, column (B)

Totals

Add columns 6 and 11

Enter here and on page 1, Part I,

Add columns 5 and 10

Enter here and on page 1, Part I,

Schedule G - Investme (see insti		Section !	501(c)(7	), (9), or (17) Or	ganizat	tion		
1. Desc	ription of income			2 Amount of income	directly of	luctions connected schedule)	4 Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								<del> </del>
(2)							· · · · · · · · · · · · · · · · · · ·	<del></del>
(3)								
(4)							<del></del> -	-
				Enter here and on page 1, Part I, line 9 column (A)				Enter here and on page 1, Part I, line 9 column (B)
Totals			▶	0.				0.
Schedule I - Exploited (see instru		/ Income	, Other	Than Advertisi	ng Inco	me		
		3 Exper	1505	4. Net income (loss)				7. Excess exempt
1. Description of exploited activity	2 Gross unrelated business income from trade or business	directly con with produ of unrela business in	nected iction ited	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from act is not u	s income ivity that nrelated s income	6 Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4)
(1)					•			
(2)								
(3)								
(4)				-				
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1 P line 10, co	arti,				<del> </del>	Enter here and on page 1, Part II, line 26
Totals	0.		0.					0.
Schedule J - Advertisi	ng Income (see	nstructions)						
Part I Income From	Periodicals Rep	orted on	a Cons	solidated Basis				
1 Name of periodical	<b>2</b> Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)				]				
(3)								
(4)								
Totals (carry to Part II, line (5))  Part II Income From		0.	0.	Posio /				0.
	7 on a line-by-line ba		а Зера	irate basis (For e	each perio	odical listed i	n Part II, IIII In	
1. Name of periodical	2 Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1			<del></del>
(2)				1	1			
(3)								
(4)	-							
(5) Totals from Part I		0.	0.					0.
	Enter here and of page 1, Part I, tine 11, col (A)	page	ere and on 1, Part I, I, col (B)				•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>•</b>	0.	0 .					0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio			
1 N	lame			2. Title		3. Percent of time devoted business	to 1 4. Compt	ensation attributable elated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
Total. Enter here and on page 1, F	Part II, line 14		-				<b>&gt;</b>	0.
								- 000 T

123731 02-24-12

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SECTION 162 CHARI SUPPLIES	TABLE GAMING DISTRIBUTIONS	27,758. 324.
TOTAL TO FORM 990	-T, PAGE 1, LINE 28	28,082.
FORM 990-T	COST OF GOODS SOLD - OTHER COS	TS STATEMENT 2
DESCRIPTION		AMOUNT
COST OF PRIZES VENDOR FEES		215,845. 26,002.
TOTAL TO FORM 990	-T, SCHEDULE A, LINE 4B	241,847.